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Introduction

Please find enclosed LIFE's Guide to Enrollment in Medicare's New Prescription Drug Benefit, or Medicare Part D. Medicare has approved 41 plans in Nebraska. By following these instructions you will be able to narrow your considerations to the 3 plans Medicare recommends for you. The final decision is yours. The LIFE Office cannot choose a plan for you.

We urge you to enroll in a plan between November 15th, 2005 and May 15th, 2006. Medicare Part D offers real protection against catastrophic drug costs and savings on many drugs, not all.

* If you have high monthly drug costs, \$5,100 a year or more, it is important to enroll in a plan before January 1st, 2006. By starting to pay your share of the cost in January, you will get help at the earliest date in 2006.

* If you are a beneficiary of both Medicare and Medicaid, please call the LIFE Office. We have a special instruction packet for you.

* If you currently have drug coverage under an insurance plan, check with a representative of the plan. If your current benefits are satisfactory and the plan is Medicare approved, you may wish to simply continue in that plan.

The LIFE Office and Lincoln SHIP Program highly recommend using the Plan Finder on WWW.MEDICARE.GOV, Medicare's website. The website is the easiest way to identify the 3 plans that Medicare recommends for you. You may need the help of a family member or trusted friend to use the website. Step-by-step instructions for the website are enclosed. If you are able to use the Plan Finder, please offer help to older friends and neighbors.

When you are ready, use the enclosed worksheet to collect needed information. Then identify and study the plans that Medicare recommends to you. Finally, contact that insurance company and sign up for the plan Medicare recommended.

The enclosed Tip Sheet from the Nebraska ECHO Project offers excellent advice that will protect you from scams and unethical sales practices.

Our new Medicare information program, the Lincoln Area SHIP Program, needs volunteers. Call 441-7070 if you have a knack with computers and are willing to help others with this new benefit.

The LIFE Office is proud of its 33 year heritage of helping older residents of this area with questions and problems. Please be patient if you need to call us. Medicare Part D is a perplexing benefit. We are receiving an extremely high number of calls regarding Part D.



The LIFE Guide to Enrollment in Medicare's New Prescription Drug Benefit

Step One, Collect Information:

- a. **Complete the Attached Worksheet:** Medicare asks for a significant amount of personal information and the names of the prescriptions you are now taking. By completing the worksheet in advance, you will be more prepared to take the next steps.
- b. **Obtain a Prescription List:** Ask your pharmacy for a complete list of the prescription drugs that you are currently taking. The computer list will give you accurate spelling and the cost information you will need.

Step Two, Find Out Which Drug Plans Medicare Recommends for You:

- a. **Use Medicare's Website:** Go to WWW.MEDICARE.GOV Enter your worksheet and drug list on the website. Medicare's website will recommend the best Prescription Drug Plan for you. If you do not have a computer, ask a trusted friend or family member to help you enter the information from your worksheet and obtain a recommendation.
- b. **Or Call 1-800-MEDICARE, 1-800-633-4227:** Have your worksheet and drug list in front of you. Give the operator the information he or she requests. The operator will give you recommendations and mail Medicare's recommendations to you in writing.
- c. **If You Have Trouble Getting Medicare's Recommended Plans:** As a last resort, mail your carefully completed worksheet and computer prescription list to the LIFE Office, 1005 'O' Street, Lincoln, NE, 68508. The LIFE Office will carefully protect confidential information. We will process your worksheet and mail a copy of Medicare recommended plans to you. Please allow two weeks for processing.

Step Three, Enroll in Your Chosen Drug Plan:

- a. **Telephone Enrollment:** Call the insurance company's toll-free 800 phone number, request an application for your plan, complete the form, and return it to the company by mail.
- b. **Internet Enrollment:** Chances are the company offering your Prescription Drug Plan offers online enrollment. Medicare's website also offers internet enrollment in the plan that you have selected. Family and friends with computers may be helpful again.
- c. **If You Have Trouble Enrolling in the Plan You Selected:** Call the LIFE Office for help. LIFE has three phone numbers. The Senior Health Insurance Information Program (SHIIP), 800-234-7119. LIFE's Information and Referral Service, 441-7070 or toll-free 1-800-247-0938.

Medicare Prescription Drug Coverage Personal Information Worksheet

Beginning January 1, 2006, new Medicare prescription drug coverage will be available to everyone with Medicare, regardless of income, health status, or how you pay for your prescriptions today. The plans will provide insurance coverage for brand name and generic prescription drugs. The drug plans may vary in what prescription drugs are covered, how much you have to pay, and which pharmacies you can use. It is important that you choose a plan that meets your needs.

How should I use this worksheet?

Use this worksheet to help gather all the information you need to choose a Medicare drug plan that meets your needs. Please fill out as much of the information in this worksheet as possible. You may find it helpful to gather all your prescription drug containers and your red, white, and blue Medicare card, as well as other health insurance cards you may have before you complete the worksheet.

Name: _____ **Date of Birth:** ____/____/____

Social Security Number: ____ - ____ - ____ **Telephone Number:** (____) ____ - ____

Medicare Claim Number: ____ - ____ - ____

Part A Effective Date: ____/____/____ **Part B Effective Date:** ____/____/____
(if applicable)

Address: _____ **County:** _____

City: _____ **State:** _____ **Zip Code:** _____

Do you have a residence in more than just the above-mentioned state? Yes No

• **If yes, which state(s)?** _____

Marital Status: Single Married*

** If you are married, your spouse will need to complete a separate worksheet.*

Is your income less than \$14,355 (single), or \$19,245 (couple) and your assets/resources less than \$10,000 (single) or \$20,000 (couple)?

☐ Yes

☐ No

☐ I don't know

• **If so, did you apply for the extra help from the Social Security Administration in paying for your Medicare prescription drug plan costs?**

☐ Yes

☐ No

☐ I don't know

• **If so, what was the response from the Social Security Administration?***

☐ Accepted

☐ Declined

☐ Still pending

** If you received this letter, please keep it with this worksheet. You will need to refer to it for information when you are choosing a prescription drug plan.*

What are my prescription drug coverage options?

You can get Medicare prescription drug coverage in one of two different ways:

1. **Medicare drug plans.** These plans add coverage to the Original Medicare Plan (and some Medicare Cost Plans and Medicare Private Fee-for-Service plans). The Original Medicare Plan is a fee-for-service plan. You can go to any doctor or hospital that accepts Medicare.
2. **Medicare Advantage plans.** These plans include Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Private Fee-for-Service (PFFS) plans. They offer complete Medicare-covered health care, through a single plan, including drug coverage. Most of these plans offer extra benefits and lower co-payments than the Original Medicare Plan. However, you may have to see doctors, or go to hospitals, that belong to the plan.

What type of drug coverage do you currently have?

- ☐ Prescription drug coverage through an employer or union health plan
- ☐ Prescription drug coverage through a Medigap plan (Medicare Supplement Insurance)
- ☐ TRICARE (military retiree benefits, VA benefits (Department of Veteran Affairs), or FEHBP (Federal employee retirement benefits))
- ☐ Prescription drug coverage through a Medicare Advantage (such as an HMO, POS, or PFFS)
- ☐ Other: _____
- ☐ None of the above

Please read this important information

If you are a member of a Medicare Advantage Plan, you may already have a prescription drug benefit that will meet your needs. By joining a new prescription drug plan, your membership in your Medicare Advantage Plan may end. This will affect both your doctor and hospital coverage as well as your prescription drug benefits. Contact your Medicare Advantage Plan if you have questions.

If you currently have health coverage from an employer or union, joining a new prescription drug plan could change your current coverage. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications.

If you currently have VA, TRICARE, or FEHBP coverage, you may not need to sign up for a prescription drug plan. You should contact your benefits administrator before making any changes.

Are you a resident of a long-term care facility, such as a nursing home? Yes No

- **If yes, what is the name of the facility?** _____
- **Address:** _____
- **City:** _____ **State:** _____ **Zip Code:** _____
- **Telephone Number:** (_____) _____ - _____

What is the maximum amount you are willing/able to pay, as a monthly premium, for a Medicare prescription drug plan?*

- ☐ under \$20/month
- ☐ \$20 - \$40/month
- ☐ \$40 - \$60/month
- ☐ \$60 - \$80/month
- ☐ \$80 - \$100/month

** This is an estimate only and will be used to help compare the different plan options.*

How would you like to pay your monthly premium? If you qualify for extra help with your prescription drug coverage costs, Medicare may cover all or some portion of your plan premium. Please choose how you want to pay any remaining premium.

- ☐ Deduct it from my monthly Social Security Administration benefit check.
- ☐ Automatically deduct it from my bank account each month.
- ☐ I want to pay by mail each month.

List the prescription drugs you are currently taking (please print; use additional pages, if needed).

This information can be found on your prescription containers. If you need assistance, ask your pharmacist. The **correct spelling** of the drug name, the **dosage** and the **frequency** you take each drug, and the **price** you are now paying is relevant information in comparing plans.

Drug Name	Dosage	Taken how often	Price per month

List the name, city, and zip code of the pharmacies you prefer to use (*list up to three*).

1. _____
2. _____
3. _____

Please read and sign below

By joining a Medicare prescription drug plan, I acknowledge that the plan/organization I choose will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. The information on this personal information worksheet is correct to the best of my knowledge. I understand that if I intentionally provide false information on the worksheet, I may be disenrolled from a plan.

Signature: _____ Date: _____

By affixing my signature below, I am acknowledging that I am making my enrollment decision freely and voluntarily. While I may have received information from a volunteer counselor, the final decision was made of my own free will and choice. I further understand that the counselor who assisted me is a volunteer and has merely provided me with information to assist me in my decision. I hereby release any and all liability that may possibly be attributable to the volunteer counselor and agree not to pursue any legal action against the counselor for actions taken in their capacity as a volunteer counselor.

Signature: _____ Date: _____

What should I do with my completed worksheet?

Once you complete this worksheet, you can use it to find a Medicare drug plan that meets your needs. You may compare and enroll on your own through the www.medicare.gov website, with the drug plan sponsor directly, or you may receive assistance from:

- **Medicare.** Speak with a customer service representative by calling **1-800-MEDICARE (1-800-633-4227)**.
- **The Nebraska Senior Health Insurance Information Program.** You can meet with a volunteer counselor, or receive free, unbiased information by calling **1-800-234-7119**.

**Nebraska Senior Health Insurance
Information Program (SHIIP)**

1-800-234-7119

This publication is for informational purposes only and is available to the public. Neither the SHIIP program nor the Nebraska Department of Insurance endorses any specific company, product or plan of insurance.

LIFE's Guide to Prescription Drug Plan Finder on Medicare's Website

Note: The LIFE Office recommends using the Medicare Website evening and weekends. We have noticed the site slows down and occasionally fails during normal office hours.

1. Have your completed Medicare Prescription Drug Worksheet in front of you at the computer. The worksheet is included in this packet.

2. Go to the official Medicare website: **<http://www.medicare.gov/>**

If you have difficulty viewing the website please read the “**Medicare.gov Site Viewing Tips.**” You can find this under the “Help” Section along the top of the Medicare.gov main page, and select “Site Viewing Tips”.

3. Click on “**Compare Medicare Prescription Drug Plans**”

4. Click on the red arrow to the right of “**Find a Medicare Prescription Drug Plan**”

5. Select: “**A. Personalized plan search.**” Enter your Personal Information from your completed worksheet in the section that appears.

6. Click on “**Search Plans**”

7. **You will then**

- A. Review your current plan
- B. Decide on your plan options

8. After reviewing your current plan and options, click on “**Choose a Drug Plan Type**”.

9. At this point you will be directed to select between:

- B. Search for Medicare Advantage Plans OR
- C. Search for Medicare Prescription Drug Plans

We recommend that you select to search for “**C. Medicare Prescription Drug Plans**” first, before reviewing Medicare Advantage Plans.

10. After selecting “**C. Medicare Prescription Drug Plans**” a message will display telling you how many drug plans are available in your area. Skip down to “**B. Enter your Medications**” and click on “**Enter my medications.**”

11. Go to **“A. Find your drugs by name.”** Type in the drug name and click on **“Search for Drug.”** Continue doing this until you have entered all of your medications.
12. When you have finished entering drug names, scroll down to **“B. Review your drug list”** then click on **“Continue with selected drugs.”**
13. You will be asked whether you would like to enter your exact drug dosage, click on **“Yes: Choose my Drug Dosage.”**
14. Review your drug list and select correct dosage from each drug name drop down arrow. Select, **“Update Dosage Quantity”**
15. Scroll down to “B” and click on **“No: Continue with Selected Drugs”**
16. Select, **“No: Continue to Plan List”**
17. Review your Plan Comparison
18. You can select up to three plans at one time by clicking in the boxes at **"Select to Compare."**
19. Scroll down and click on **"Compare up to 3 plans."**
20. Study each plan carefully. If you have questions, call the insurance company and request any needed information.

Nebraska ECHO Project

Empowering Consumers of Healthcare Organizations



TIP SHEET

Protecting Personal Information as Medicare Prescription Drug Plans Begin Marketing

Although Medicare prescription drug coverage doesn't officially begin until the first day of January 2006, marketing of the Medicare prescription drug plans to consumers can begin on October 1, 2005.

Protect your Medicare number as you would your credit card information. Don't give out your personal information, such as Social Security number, bank account numbers or credit card numbers, to plan marketing representatives. Plans are not allowed to request such personal information in their marketing activities.

Medicare prescription drug plans cannot begin marketing until October 1, 2005. Be suspicious of anyone trying to sell you a "Medicare" drug plan before October 1st. Marketing of Medicare supplemental plans and Medicare Advantage plans are not bound by these restrictions and can market their products at any time.

Plans cannot begin enrolling consumers until November 15, 2005. Although marketing of Medicare prescription drug plans can start in October, enrollment in a specific plan doesn't begin until November 15th.

Medicare prescription drug plans will have the "Medicare-Approved" seal on their materials. The seal has "Medicare Rx" in large letters with "Prescription Drug Coverage" in smaller letters under that.

People who are really marketing a Medicare prescription drug plan can't come to your home uninvited. Door-to-door marketing is prohibited. However, plan representatives may come to your home if they call and make an appointment with you or if you send in a postcard requesting additional information from a representative.

You will be able to enroll in plans over the Internet, but plans can't ask for payment over the web. If you enroll over the Internet, the plan must send you a bill.

Telemarketing of Medicare prescription drug plans is allowed with some limitations. Plans can only call between the hours of 8 a.m. and 9 p.m. You cannot be enrolled in a plan or asked to pay for a drug plan over the phone. Plans can request that you call them back to enroll, offer to send information or to arrange an appointment for a representative to visit your home.

To stop repeated and unwanted sales calls simply say "stop." Plans are required to honor your "do not call again" requests.

Any telemarketing of Medicare prescription drug plans must comply with the Do-Not-Call Registry. To avoid all telemarketing calls register with the federal "do not call" list at 1-888-382-1222 or go to <http://www.donotcall.gov>

Pharmacists, physicians and other health care providers cannot steer beneficiaries to a plan that furthers their own financial interest. However, these providers can provide objective information, announce their contractual relationship with a plan sponsor and assist consumers in choosing a plan that best meets their needs.

Medicare doesn't recommend one plan over another. It will be your choice.

Be informed. Detailed information about the Medicare drug plan and the plans available for Nebraskans will be available in mid-October when the Medicare & You handbook is mailed to consumers.

Compare plan benefits on-line. Beginning in mid-October, 2005, consumers can visit to Medicare's website at www.medicare.gov and check out their "Medicare Prescription Drug Plan Finder." This tool will provide information on the specific drug plans available to Nebraskans and a comparison of each plan's benefits.

Call for more information. If you would like more information about the new Medicare prescription drug coverage or wish to verify that a drug plan is Medicare-Approved, you can call Medicare at 1-800-MEDICARE or the Nebraska Senior Health Insurance Information Program (SHIIP) at 1-800-234-7119.

Resist pressure tactics. Choosing Medicare drug coverage is your decision. Take the time to make an informed decision that feels comfortable. If someone tries to pressure you into making an immediate decision, say, "No." Explain that you want time to review the information and will call them back once you have made your decision. Be suspicious of anyone who tries to pressure you into making an immediate decision.

Protect yourself. If at any point you feel like you are in danger for any reason, call your local police department immediately.

Report possible fraud. The ECHO Project provides education, assistance and advocacy to Nebraskans in order to identify, report and prevent Medicare and Medicaid fraud, waste and abuse. The ECHO Project is a service provided by the Nebraska Long Term Care Ombudsman Office. Call 1-800-942-7830 for more information or to report possible Medicare or Medicaid fraud.

Nebraska ECHO Project

800-942-7830

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